

# **Emergency Assistance Application**

# **ATTENTION!**

### HAYS COUNTY RESIDENTS ONLY

All applicants <u>MUST READ AND FOLLOW THESE INSTRUCTIONS</u>, if any part of the application is not complete, WE WILL DENY YOU.

• <u>**READ</u>** your <u>"List of Documents Needed from Client for Assistance"</u> list and follow directions.</u>

• <u>FILL OUT</u> the application with as much information as needed to understand the reason why you need assistance.

• You may take the application home if you need help filling it out.

• If you do not have check stubs, ask your employer for a letter, if you have not worked and do not have check stubs, write down the name, address and telephone number of your ex-employer.

• <u>Submit</u> your completed application with your documents to the front office and schedule your appointment with a case manager.

\* <u>Applicants will require an appointment with a case manager before approval</u> <u>or denial.</u>

Office Hours for Application Drop-Off

Monday - Friday: 8am-12pm and 1pm-5pm

### YOU MUST INCLUDE ALL REQUESTED DOCUMENTS, OTHERWISE, YOUR APPLICATION WILL BE DENIED.



# List of Documents Needed from Client for Assistance. Please be Legible.

# **<u>Rental/Mortgage Assistance</u>**

### 1. Proof of residency

a. Lease/Mortgage agreement that shows you are the resident, your address, and how much you pay monthly.

# AND

b. Letter from Landlord/lender or bank on letterhead with their name, mailing address, and phone number so that we may contact them. The letter must also state how much you pay each month and how much you currently owe.

# 2. Proof of Who Lives in Household:

 a. Social security cards of everyone in the household and picture ID's/DL of all adult applicants. \*If you do not have social security cards, please go to the Social Security Office and apply for one, then bring us the letter to show you have done so.

# 3. Proof of Income:

- a. Last 2 current pay stubs for anyone living in the household.
- b. Documentation of any supplemental income: AFDC, SS, SSI, SNAP, SSDI, Child Support, Unemployment, etc.
- c. If you are self-employed, you will need 2 bank statements showing the name of the business.

# <u>\*If approved for rental/mortgage assistance, we will pay \$100 toward your balance.</u>



# List of Documents Needed from Client for Assistance. Please be Legible.

# **Utility Assistance**

### 1. Proof of residency

a. Lease/Mortgage agreement that shows you are the resident, your address, and how much you pay monthly. \*May be substituted with a piece of mail showing your address and your name. <u>CANNOT BE</u> <u>THE BILL YOU NEED ASSISTANCE WITH.</u>

# 3. Proof of Who Lives in Household:

a. Social security cards of everyone in the household and picture ID's/DL of all adult applicants. \*If you do not have social security cards, please go to the Social Security Office and apply for one, then bring us the letter to show you have done so.

# 4. Proof of Income:

- a. Last 2 current pay stubs for anyone living in the household.
- b. Documentation of any supplemental income: AFDC, SS, SSI, SNAP, SSDI, Child Support, Unemployment, etc.
- c. If you are self-employed, you will need 2 bank statements showing the name of the business.

# 5. Proof of Amount Due:

**a.** A copy of your most recent bill that you need assistance with.

<u>\*If approved for utility assistance, we will pay \$50 toward your balance.</u>

<u>\*Please note that the assistance amounts CANNOT be exchanged for one</u> another and we CANNOT assist with both bills, it's one or the other.



### **Client Assistance Form**

Date
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 Type of Assistance:
 \_\_\_\_\_\_

 Amount Requesting: \$\_\_\_\_\_\_

How much can you pay? \$\_\_\_\_\_

Client Name	Age	DOB	Gender	Race / Ethnicity	Social Security

Driver License/ID #	D	river License/ID #
Address:		City:
County:	Phone #	Other Ph:

#### **Household Members**

Name of children or other living in Household	Relationship	Age	Gender	Race / Ethnicity	Social Security



Are other people living with you and paying bills to you? Yes or No

Is there a Disabled person in the household? Yes or No

Are you Employed? Ye	s or No					
Place of Employment	<u> </u>					
Other	ther (circle one) Weekly, Bi-weekly, Monthly.					
If you are unemployed,						
Have you applied at Te	xas Workforce Con	nmission?	Date:			
What type of job can yo	ou perform?					
Is your spouse employe						
Place of Employment_	t Salary \$					
Other	(circle one) Weekly, Bi-weekly, Monthly.					
If he/she is unemployed	, for how long?					
Has he/she applied to th	ie Texas Workforce	e Commission? _				
Date: What type	e of job can they pe	rform?				
Do you receive any of t	ne following?					
Food Stamps \$	SS \$	Other \$				
Child Support \$	SSI \$	AF	DC \$			
What is the total incom	e that you expect to	receive this mor	1th \$			
How did you meet your before?	•					
Reason assistance need	ed for this month:					